

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04-15-2007	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: RURAL MEDIA ARTS & EDUCATION PROJECT		Organizational Unit: Department:		
Organizational DUNS: 118248900		Division:		
Address: Street: P.O. BOX 898 4994 6TH. STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: MARIPOSA		Prefix: MR.		
County: MARIPOSA		First Name: ANTHONY		
State: CALIFORNIA		Middle Name: L.		
Zip Code 95338-4994		Last Name: RADANOVICH		
Country: UNITED STATES		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 31-1736950		Email: cony@sti.net		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) NON PROFIT 501C3 Other (specify)		
Other (specify) RURAL BUSINESS ENTERPRISE GRANT		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CAPE 6 AT THE OLD MASONIC HALL		
TITLE (Name of Program): RBEG				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MARIPOSA COUNTY, MADERA COUNTY				
13. PROPOSED PROJECT Start Date: 09-30-2007 Ending Date: 09-30-2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal RBEG	\$ 99,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04-30-2007		
b. Applicant	\$ 25,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 3,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other MARIPOSA COUNTY	\$ 25,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 152,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: MR.		First Name: ANTHONY		Middle Name: L.
Last Name: RADANOVICH		Suffix:		
b. Title: BOARD CHAIR		c. Telephone Number (give area code): 209-742-6666		
d. Signature of Authorized Representative		e. Date Signed 9/17/07		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Academy of Sciences

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-1158258

* c. Organizational DUNS:

074632458

d. Address:

* Street1:

876 Howard Street

Street2:

* City:

San Francisco

County:

* State:

CA; California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94103

e. Organizational Unit:

Department Name:

Ornithology and Mammalogy

Division Name:

Research

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

* First Name:

John

Middle Name:

P.

* Last Name:

Dumbacher

Suffix:

Title:

Curator

Organizational Affiliation:

California Academy of Sciences

* Telephone Number: 415-321-8351

Fax Number: 415-321-8637

* Email: jdumbacher@calacademy.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

* 12. Funding Opportunity Number:

NMF'S-PRPO-2008-2001036

* Title:

FY 08 John H. Prescott Marine Mammal Rescue Assistance Grant Program

13. Competition Identification Number:

2076822

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

California: Sonoma County, Marin County, Contra Costa County, Alameda County, Santa Clara County, San Francisco County, San Mateo County

* 15. Descriptive Title of Applicant's Project:

Improving marine mammal data collection facilities and specimen archives at the California Academy of Sciences.

Attach supporting documents as specified in agency instructions.

For Attachments: ☐ Delete Attachments: ☐ New Attachments: ☐

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-008

* b. Program/Project CA-008

Attach an additional list of Program/Project Congressional Districts if needed.

CAS Additional Congressional Districts: Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2008

* b. End Date: 06/01/2009

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	41,456.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	141,456.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/26/2007☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: Alison

Middle Name:

* Last Name: Brown

Suffix:

* Title: Chief Financial Officer

* Telephone Number: 415-321-8169

Fax Number: 415-321-8609

* Email: abrown@calacademy.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

2. DATE SUBMITTED

10/01/2007

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 124726725

* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office

Division:

* Street1: 2150 Shattuck Ave. Suite 313

Street2:

* City: Berkeley

County: Alameda

* State: CA: Califon

Province:

* Country: UNITED ST

* ZIP / Postal Code: 94704-5940

RECEIVED
 OCT - 2 2007
 STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Patricia Gates

* Phone Number: (510)642-8109 Fax Number: (510)642-8238 Email: SPO_grants_gov@lists.berkeley.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6002123

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☒ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Precision Beam Diagnostics and Instrumentation for Future Colliders and Ligh Sources

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Berkeley, Alameda, California

13. PROPOSED PROJECT:

* Start Date * Ending Date

06/01/2008

05/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

CA-009

b. * Project

CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:
 Prof. Yury Kalomensky

Position/Title: Assistant Professor

* Organization Name: The Regents of the University of California

Department: Physics

Division:

* Street1: 366 LeConte Hall

Street2:

* City: Berkeley

County: Alameda

* State: CA: Califon

Province:

* Country: UNITED ST

* ZIP / Postal Code: 94720-7300

* Phone Number: (510)486-7811

Fax Number: (510)495-2957

* Email: yury@physics.berkeley.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding 618,445.00
b. * Total Federal & Non-Federal Funds 618,445.00
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/01/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Patricia Middle Name: * Last Name: Gates Suffix:
* Position/Title: Assistant Director, Federal Projects * Organization: The Regents of the University of California
Department: Sponsored Projects Office Division:
* Street1: 2150 Shattuck Ave. Suite 313 Street2:
* City: Berkeley County: Alameda * State: CA: Californ
Province: * Country: UNITED ST * ZIP / Postal Code: 94704-5940
* Phone Number: (510)842-8109 Fax Number: (510)842-8236 * Email: SPO_grants_gov@lists.berkeley.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

2. DATE SUBMITTED

10/01/2007

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 124726725

* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office

Division:

* Street1: 2150 Shattuck Ave. Suite 313

Street2:

* City: Berkeley

County: Alameda

* State: CA: Califon

Province:

* Country: UNITED ST * ZIP / Postal Code: 94704-5940

RECEIVED

OCT - 2 2007

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Patricia Middle Name: Last Name: Gates Suffix:

* Phone Number: (510)642-8109

Fax Number: (510)642-8236

Email: SPO_grants_gov@lists.berkeley.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-8002123

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☒ New

Other (Specify):

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☒ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Precision Beam Diagnostics and Instrumentation for Future Colliders and Ligh Sources

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Berkeley, Alameda, California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

08/01/2008

05/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-009

CA-009

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Yury Middle Name: Last Name: Kolomensky Suffix:

Position/Title: Assistant Professor

* Organization Name: The Regents of the University of California

Department: Physics

Division:

* Street1: 366 LeConte Hall

Street2:

* City: Berkeley

County: Alameda

* State: CA: Califon

Province:

* Country: UNITED ST * ZIP / Postal Code: 94720-7300

* Phone Number: (510)486-7811

Fax Number: (510)485-2957

* Email: yury@physics.berkeley.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLIC. FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding 618,445.00
b. * Total Federal & Non-Federal Funds 618,445.00
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/01/2007

b. NO | PROGRAM IS NOT COVERED BY E.O. 12372; OR
| PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Patricia Middle Name: Last Name: Gates Suffix:
* Position/Title: Assistant Director, Federal Projects * Organization: The Regents of the University of California
Department: Sponsored Projects Office Division:
* Street1: 2150 Shattuck Ave, Suite 313 Street2:
* City: Berkeley County: Alameda * State: CA: Califon
Province: * Country: UNITED ST * ZIP / Postal Code: 94704-5940
* Phone Number: (510)642-8109 Fax Number: (510)642-8236 * Email: SPO_grants_gov@lls.berkeley.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

2. DATE SUBMITTED 10/01/2007		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. Federal Identifier	
5. APPLICANT INFORMATION * Organizational DUNS: 124726725			
* Legal Name: The Regents of the University of California			
Department: Sponsored Projects Office		Division:	
* Street1: 2150 Shattuck Ave. Suite 313		Street2:	
* City: Berkeley	County: Alameda	* State: CA: California	
Province:	* Country: UNITED STATES	* ZIP / Postal Code: 94704-5940	
<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT - 2 2007 STATE CLEARING HOUSE </div>			
Person to be contacted on matters involving this application			
Prefix:	* First Name: Patricia	Middle Name:	* Last Name: Gates
			Suffix:
* Phone Number: (510)642-8109	Fax Number: (510)642-8236	Email: SPO_grants_gov@lists.berkeley.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6002123		7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049	
What other Agencies?		TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Precision Beam Diagnostics and Instrumentation for Future Colliders and Light Sources			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Berkeley, Alameda, California			
13. PROPOSED PROJECT: * Start Date: 06/01/2008 * Ending Date: 05/31/2011		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: CA-009 b. * Project: CA-009	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix:	* First Name: Yuri	Middle Name:	* Last Name: Kalomensky
Prof.			Suffix:
Position/Title: Assistant Professor	* Organization Name: The Regents of the University of California		
Department: Physics	Division:		
* Street1: 366 LeConte Hall	Street2:		
* City: Berkeley	County: Alameda	* State: CA: California	
Province:	* Country: UNITED STATES	* ZIP / Postal Code: 94720-7300	
* Phone Number: (510)486-7811	Fax Number: (510)495-2957	* Email: yury@physics.berkeley.edu	

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&F)

APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 618,445.00
b. * Total Federal & Non-Federal Funds 618,445.00
c. * Estimated Program Income 0.00

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a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/01/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Patricia Middle Name: * Last Name: Sales Suffix:
* Position/Title: Assistant Director, Federal Projects * Organization: The Regents of the University of California
Department: Sponsored Projects Office Division:
* Street1: 2150 Shattuck Ave. Suite 313 Street2:
* City: Berkeley County: Alameda * State: CA, Califon
Province: * Country: UNITED ST * ZIP / Postal Code: 94704-5940
* Phone Number: (510)642-8100 Fax Number: (510)642-8236 * Email: SPO_grants.gov@lists.berkeley.edu
* Signature of Authorized Representative * Date Signed
Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)****2. DATE SUBMITTED**

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier**6. APPLICANT INFORMATION**

* Organizational DUNS: 092500360

* Legal Name: The Regents of the University of California

Department: Ofc of Contract & Grant Admin

Division: UCLA

* Street1: 11000 Kinross, Suite 102

Street2: Box 951406

* City: Los Angeles

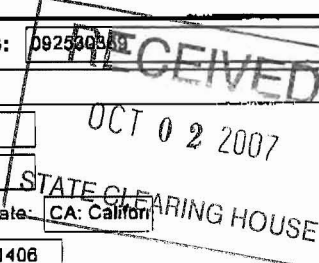
County:

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90095-1406



Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Maya Conn

* Phone Number: 310-794-0155

Fax Number: 310-943-1658

Email: mconn@resadmin.ucla.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

958008134

7. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged**9. NAME OF FEDERAL AGENCY:**

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

In situ STM and LEEM Studies of Graphene Thin Film Synthesis

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles, CA, Toledo, OH, and Urbana

13. PROPOSED PROJECT:

* Start Date * Ending Date

08/01/2008

07/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-030

CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Prof. Suneel Kodambaka

Position/Title: Assistant Professor

* Organization Name: The Regents of the University of California

Department: Materials Sci & Engineering

Division: UCLA

* Street1: 410 Westwood Plaza

Street2: Engineering V Building

* City: Los Angeles

County:

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90095

* Phone Number: 310-206-8174

Fax Number: 310-206-7353

* Email: kodambaka@ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Maya Conn

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

[Delete Attachment](#)

[View Attachment](#)

21. Attach an additional list of Project Congressional Districts if needed.

[Delete Attachment](#)

[View Attachment](#)

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 092530559

* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm

Division: UCLA

* Street1: 11000 Kinross Ave

Street2: Suite 102

* City: Los Angeles

County:

* State: CA: California

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90095-1406

RECEIVED
OCT - 2 2007
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Maya Conn

* Phone Number: 310/794-0155

Fax Number: 310/943-1658

Email: mconn@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

956006143

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Spatially Controlled Rare-Earth Ion Doping in Metal Oxide Nanostructures as Building Blocks for Efficient Light Emission

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles County

13. PROPOSED PROJECT:

* Start Date * Ending Date

03/01/2008

02/28/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-030

CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. Jane P Chang

Position/Title: Professor

* Organization Name: The Regents of the University of California

Department: Chemical & Biomolecular Engine

Division: UCLA

* Street1: 420 Westwood Plaza

Street2: 5631 Boelter Hall 158210

* City: Los Angeles

County:

* State: CA: California

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90095-1406

* Phone Number: 310/206-7980

Fax Number: 310/206-4107

* Email: jpchang@ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 410,335.00
b. * Total Federal & Non-Federal Funds 410,335.00
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/01/2007

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Ms. Maya Conn
* Position/Title: Grant Analyst * Organization: The Regents of the University of California
Department: Office of Contract & Grant Adm Division: UCLA
* Street1: 11000 Kinross Ave Street2: Suite 102
* City: Los Angeles County: * State: CA: Californi
Province: * Country: UNITED ST * ZIP / Postal Code: 90095-1406
* Phone Number: 310/794-0155 Fax Number: 310/943-1658 * Email: mconn@resadmin.ucla.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

Save Attachment

Delete Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

Save Attachment

Delete Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant: <input type="text" value="12"/>	* b. Program/Project: <input type="text" value="CA-ALL"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="text"/>		
17. Proposed Project:		
* a. Start Date: <input type="text" value="01/01/2008"/>	* b. End Date: <input type="text" value="12/31/2008"/>	
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,216,509.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="1,216,509.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="2,433,018.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="10/01/2007"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Raffy"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Slepanian"/>		
Suffix: <input type="text"/>		
* Title: <input type="text" value="Program Manager"/>		
* Telephone Number: <input type="text" value="213-576-7019"/>		Fax Number: <input type="text"/>
* Email: <input type="text" value="RST@cpuc.ca.gov"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>		* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission.		* 4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
B. APPLICANT INFORMATION:		RECEIVED OCT - 2 2007 STATE CLEARING HOUSE
* a. Legal Name: CALIFORNIA PUBLIC UTILITIES COMMISSION		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3031353		* c. Organizational DUNS: 947393922
d. Address:		
* Street1: 505 Van Ness Ave. Street2: * City: San Francisco County: San Francisco * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 94102		
e. Organizational Unit:		
Department Name: CALIFORNIA PUBLIC UTILITIES CO		Division Name: Consumer Protection & Safety Div
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. * First Name: Sunil Middle Name: * Last Name: Shori Suffix:		
Title: Utilities Engineer		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 415-703-2407		Fax Number: 415-703-1891
* Email: SKS@cpuc.ca.gov		

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">A: State Government</div>	
Type of Applicant 2: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
Type of Applicant 3: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
* Other (specify): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
* 10. Name of Federal Agency: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Pipeline & Hazardous Material Safety Administration</div>	
11. Catalog of Federal Domestic Assistance Number: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">20.700</div> CFDA Title: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Pipeline Safety</div>	
* 12. Funding Opportunity Number: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">PHMSA-BASEGRANT-NATGASC</div> * Title: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">PHMSA Pipeline Safety Program Base Grant (Natural Gas - Certification)</div>	
13. Competition Identification Number: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Title: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
* 15. Descriptive Title of Applicant's Project: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">CALIFORNIA PUBLIC UTILITIES COMMISSION Pipeline Safety Program</div>	
<p>Attach supporting documents as specified in agency instructions.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px;">Add Attachments</div><div style="border: 1px solid black; padding: 2px 10px;">Delete Attachments</div><div style="border: 1px solid black; padding: 2px 10px;">View Attachments</div></div>	

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction☐ Non-Construction

Pre-application

☒ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Woodville Public Utility District

Organizational Unit:

Department:

Organizational DUNS:

828114116

Division:

Address:

Street:

16716 Avenue 168

City:

Woodville

County:

Tulare

State:

CA

Zip Code:

93258-4567

Country:

USA

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

Mr.

First Name:

Dennis

Middle Name:

R.

Last Name:

Keller

Suffix:

Email:

kelweg1@aol.com

Phone Number (give area code)

(559) 732-7938

Fax Number (give area code)

(559) 732-7937

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 — 1 5 4 5 6 5 2

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

G

Other (specify)

9. NAME OF FEDERAL AGENCY:

Rural Development, CA, USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 — 7 6 0

TITLE (Name of Program):

Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Construct and operate sludge dewatering beds at the wastewater treatment and disposal facility.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Community of Woodville, CA

13. PROPOSED PROJECT

Start Date:

June 2008

Ending Date:

November 2008

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

21

b. Project

21

15. ESTIMATED FUNDING:

a. Federal	\$	426,000	.00
b. Applicant	\$	99,000	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	525,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS:

- a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 7, 2007
- b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
- ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes. If "Yes" attach an explanation. ☒ No.

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Ralph	Middle Name
Last Name Gutierrez	Suffix	
b. Title Manager	c. Telephone Number (give area code) (559) 686-9649	
d. Signature of Authorized Representative	e. Date Signed 8-6-07	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's aGrants System)

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/04/07

2b. APPLICATION ID:

08SC081767

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED BY FEDERAL AGENCY:

10/04/07

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Seniors Council Santa Cruz/San Benito

DUNS NUMBER: 140698080

ADDRESS (give street address, city, state, zip code and county):

234 Santa Cruz Ave
Aptos CA 95003 - 4438
County: Santa Cruz

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

942662950

8. TYPE OF APPLICATION (Check appropriate box).

☒ NEW☐ NEW/PREVIOUS GRANTE☐ CONTINUATION☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION

B. BUDGET REVISION

C. NO COST EXTENSION

D. OTHER (specify below):

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Thomas Q. Reece

TELEPHONE NUMBER: 831-475-0816 x.10

FAX NUMBER: 831-608-1225

INTERNET E-MAIL ADDRESS: Lscc@cruzio.com

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization



9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016

10b. TITLE: Senior Companion Program

11a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Tri-County SCI

11b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

The Tri-County Foster Grandparent/Senior Companion Program
operates in Monterey, Santa Cruz, and San Benito Counties in the Monterey Bay
Area of the central California coast. Its Senior Companion Program serves the follo

13. PROPOSED PROJECT: START DATE: 01/01/08

END DATE: 12/31/10

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$ 35,030.00
b. APPLICANT	\$ 70,552.00
c. STATE	\$ 55,052.00
d. LOCAL	\$ 14,700.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 105,580.00

14. CONGRESSIONAL DISTRICT OF: a.Applicant | CA 17

b.Program | CA 17

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 15-OCT-07

☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Thomas Q. Reece

b. TITLE:

Program Director

c. TELEPHONE NUMBER:

831-475-0816 x.16

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

10/02/07

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/04/07

2b. APPLICATION ID:

08SF081463

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED BY FEDERAL AGENCY:

10/04/07

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Seniors Council Santa Cruz/San Benito

DUNS NUMBER: 140698080

ADDRESS (give street address, city, state, zip code and county):

234 Santa Cruz Ave
Aptos CA 95003 - 4430
County: Santa Cruz

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

942662950

8. TYPE OF APPLICATION (Check appropriate box).

☒ NEW ☐ NEW/PREVIOUS GRANTEE
☐ CONTINUATION ☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011

10b. TITLE: Foster Grandparent Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Monterey County: Salinas, Monterey, Castroville, Gonzales, Soledad, Greenfield,
King City,
Santa Cruz County: Boulder Creek, Santa Cruz, Live Oak, Soquel, Aptos, Watson

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$ 583,105.00
b. APPLICANT	\$ 176,205.00
c. STATE	\$ 0.00
d. LOCAL	\$ 176,205.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 759,310.00

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Thomas Q. Reefe

TELEPHONE NUMBER: 831-475-0816 x.16

FAX NUMBER: 831-688-1225

INTERNET E-MAIL ADDRESS: Lscc@cruzio.com

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

RECEIVED

OCT - 4 2007

STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

11a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Tri-County CA FGP

11b. CNCS PROGRAM INITIATIVE (IF ANY):

14. CONGRESSIONAL DISTRICT OF: a. Applicant CA 17 b. Program CA 17

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 15-OCT-07

☐ NO. PROGRAM IS NOT COVERED BY E.O. 12072

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Thomas Q. Reefe


b. TITLE:

Program Director

c. TELEPHONE NUMBER:

831-475-0816 x.16

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:



e. DATE SIGNED:

09/21/07

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>		
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: / /	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of Calif, Santa Cruz Campus		RECEIVED OCT - 5 2007 STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1539563	* c. Organizational DUNS: 125084723	
d. Address:		
* Street1:	Office of Sponsored Projects, 1156 High Street	
Street2:	MailStop: Ocean Science	
* City:	Santa Cruz	
County:	Santa Cruz	
* State:	CA: California	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95064	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Dr.	* First Name: David
Middle Name:	<input type="text"/>	
* Last Name:	Jessup	
Suffix:	<input type="text"/>	
Title:	<input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number:	831-469-1726	Fax Number: 831-469-1723
* Email:	djessup@ospr.dfg.ca.gov	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">H: Public/State Controlled Institution of Higher Education</div>	
Type of Applicant 2: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
Type of Applicant 3: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
* Other (specify): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
* 10. Name of Federal Agency: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">National Oceanic and Atmospheric Administration</div>	
11. Catalog of Federal Domestic Assistance Number: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">11.439</div> CFDA Title: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Marine Mammal Data Program</div>	
* 12. Funding Opportunity Number: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">NMFS-PRPO-2008-2001036</div> * Title: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">FY 08 John H. Prescott Marine Mammal Rescue Assistance Grant Program</div>	
13. Competition Identification Number: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2076822</div> Title: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
* 15. Descriptive Title of Applicant's Project: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Marine Mammal Pathology Service for the Central California Coast</div>	
Attach supporting documents as specified in agency instructions. <div style="margin-top: 10px;"><div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Add Attachments</div><div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Delete Attachments</div><div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">View Attachments</div></div>	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-17

* b. Program/Project CA-17

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 06/30/2009

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	34,212.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	134,212.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/01/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Cindy

Middle Name:

* Last Name: Plasman

Suffix:

* Title: Contract and Grant Officer

* Telephone Number: 831-459-2520

Fax Number: 831-459-5353

* Email: cplasman@ucsc.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 17

* b. Program/Project 17

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008

* b. End Date: 06/30/2009

18. Estimated Funding (\$):

* a. Federal	99,106.00
* b. Applicant	33,036.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	132,142.00



* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/28/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Middle Name: L. Last Name: Cotlum Suffix:

* First Name: Sharon

* Title: Contract and Grants Officer

* Telephone Number: (831) 459-1378 Fax Number: (831) 459-5353

* Email: scotlum@ucsc.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

* 12. Funding Opportunity Number:

NMFS-PRPO-2008-2001036

* Title:

FY 08 John H. Prescott Marine Mammal Rescue Assistance Grant Program

13. Competition Identification Number:

2076822

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Continued Prescott Program Enhancement of Stranding Response at University of California Santa Cruz Long Marine Lab

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

RECEIVED

OCT - 9 2007

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

*a. Legal Name: Committee for a Better Arvin

*b. Employer/Taxpayer Identification Number (EIN/TIN):

TBA

*c. Organizational DUNS:

TBA

d. Address:

*Street 1: 1401 Chico Court
Street 2: _____
*City: Arvin
County: _____
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 93203

e. Organizational Unit:

Department Name:

US Environmental Protection Agency

Division Name:

Superfund

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: Salvador
Middle Name: _____
*Last Name: Partida
Suffix: _____

Title: Chairperson

Organizational Affiliation:

*Telephone Number: (661) 854-3000

Fax Number:

*Email: spartida1@bak.rr.com

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:66.806

CFDA Title:

Superfund Technical Assistance Grants***12 Funding Opportunity Number:**TBA

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Arvin, CA

***15. Descriptive Title of Applicant's Project:**

Technical Assistance for Brown & Bryant Superfund Site

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-020

*b. Program/Project: CA-020

17. Proposed Project:

*a. Start Date: 3/1/08

*b. End Date: 3/1/11

18. Estimated Funding (\$):

*a. Federal	50,000
*b. Applicant	12,500
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	62,500

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/9/07
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Salvador

Middle Name: _____

*Last Name: Partida

Suffix: _____

*Title: Chairperson

*Telephone Number: (661) 854-3000

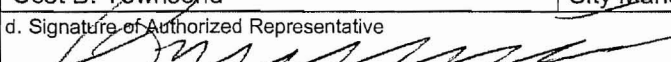
Fax Number:

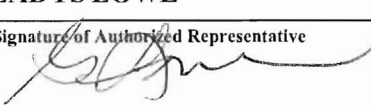
* Email: spartida1@bak.rr.com

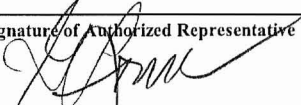
*Signature of Authorized Representative: *Date Signed: 9/28/07

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:	Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Lindsay		Organizational Unit: n/a	
Address (give city, county, State, and zip code): P.O. Box 369 Lindsay, CA 93247		Name and telephone number of person to be contacted on matters involving this application (give area code): Scot B. Townsend 559-562-7103	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 3 5 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ _____		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> — <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">7</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> </div> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Street Repairs	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED OCT - 9 2007 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date 3/1/08	Ending Date 9/1/09	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	USDA \$ 3,000,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/18/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	C. I. W. M. B. \$ 225,000 ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 3,225,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Scot B. Townsend		b. Title City Manager	c. Telephone Number (559) 562-7103
d. Signature of Authorized Representative 		e. Date Signed 9/18/07	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 9/27/07		Applicant Identifier	
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name Los Angeles County Metropolitan Transportation Authority			Organizational Unit: Programming & Policy Analysis		
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952			Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75			7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - C Increase Duration If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____		
			State Chartered Transit District 9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE 49 U.S.C. § 5316			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Los Angeles County JARC, CA-37-X057-01		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date 7/31/04	Ending Date 9/30/08	a. Applicant Districts 24 through 39, and 41		b. Project Same as Applicant	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?			
a Federal	\$.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>9/27/07</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b Applicant	\$.00				
c State	\$.00				
d Local	\$.00				
e Other	\$.00				
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No			
g TOTAL	\$ 0.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a Typed Name of Authorized Representative GLADYS LOWE		b Title Director Regional Program Management		c Telephone number (213) 922-2459	
d. Signature of Authorized Representative 		e. Date Signed 9/27/07			

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 9/27/07		Applicant Identifier	
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name Los Angeles County Metropolitan Transportation Authority			Organizational Unit: Programming & Policy Analysis		
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952			Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75			7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)			A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____		
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)			State Chartered Transit District		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE 49 U.S.C. § 5316			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of Los Angeles, CA			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Long Beach Transit JARC, CA-37-X082		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED OCT - 9 2007 STATE CLEARING HOUSE </div>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date 7/1/07	Ending Date 6/30/09	a. Applicant Districts 24 through 39, and 41		b. Project Same as Applicant	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?			
a Federal	\$ 175,219.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>9/27/07</u>			
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372			
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d Local	\$ 175,219.00				
e Other	\$.00				
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No			
g TOTAL	\$ 350,438.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a Typed Name of Authorized Representative GLADYS LOWE		b Title Director Regional Program Management		c Telephone number (213) 922-2459	
d. Signature of Authorized Representative 		e. Date Signed 9/27/07			

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED

10/10/2007

Applicant Identifier

Richman - 20080371

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

DE-PS02-08ER08-01-Renewal

5. APPLICANT INFORMATION

* Organizational DUNS: 094878394

* Legal Name: The Regents of the University of California

Department: Physics Department

Division:

* Street1: 3019 Broida Hall

Street2:

* City: Santa Barbara

County:

* State: CA; Califon

Province:

* Country: UNITED ST

* ZIP / Postal Code: 93106-9530

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Ms. Cara

Egan-Williams

* Phone Number: 805/893-8809

Fax Number: 805/893-2611

Email: proposals@research.ucsb.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-6006145W

7. * TYPE OF APPLICANT:

H; Public/State Controlled Institution of Higher Education

B. * TYPE OF APPLICATION:

New

Other (Specify):

☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

UCSB High Energy Group Grant

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

U.S.A.

13. PROPOSED PROJECT:

* Start Date

* Ending Date

04/01/2008

03/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

23rd

23rd

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. Jeffrey

D.

Richman

Position/Title: Professor - S/O

* Organization Name: The Regents of the University of California

Department: Physics Department

Division:

* Street1: 3019 Broida Hall

Street2:

* City: Santa Barbara

County:

* State: CA; Califon

Province:

* Country: UNITED ST

* ZIP / Postal Code: 93106-9530

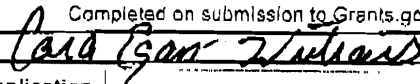
* Phone Number: 805/893-8408

Fax Number: 805/893-3307

* Email: richman@hep.physics.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding 7,580,726.00 b. * Total Federal & Non-Federal Funds 7,580,726.00 c. * Estimated Program Income 0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 10/10/2007 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="checkbox"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>											
19. Authorized Representative <table style="width: 100%; border: none;"><tr><td style="border: none;">Prefix:</td><td style="border: none;">* First Name:</td><td style="border: none;">Middle Name:</td><td style="border: none;">* Last Name:</td><td style="border: none;">Suffix:</td></tr><tr><td style="border: none;">Ms.</td><td style="border: none;">Cara</td><td style="border: none;"></td><td style="border: none;">Egan-Williams</td><td style="border: none;"></td></tr></table> * Position/Title: Sponsored Projects Officer * Organization: The Regents of the University of California Department: Sponsored Projects Division: * Street1: 3227 Cheadle Hall Street2: * City: Santa Barbara County: * State: CA; Californ Province: * Country: UNITED ST * ZIP / Postal Code: 93106-9530 * Phone Number: 805/693-8809 Fax Number: 805/693-2611 * Email: eganwilliams@research.ucsb.edu * Signature of Authorized Representative * Date Signed <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> Completed on submission to Grants.gov</div><div style="width: 45%; text-align: center;">10/10/07 Completed on submission to Grants.gov</div></div>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	Ms.	Cara		Egan-Williams	
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:							
Ms.	Cara		Egan-Williams								
20. Pre-application Add Attachment											
21. Attach an additional list of Project Congressional Districts if needed. Add Attachment											

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)****2. DATE SUBMITTED**

10/11/2007

Applicant Identifier**3. DATE RECEIVED BY STATE****State Application Identifier****1. * TYPE OF SUBMISSION**

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

DE-FG03-99ER54522

5. APPLICANT INFORMATION

* Organizational DUNS: 067638957

* Legal Name: General Atomics

Department: Energy

Division: Magnetic Fusion

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County:

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92121-1122

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Ms. Ramona

Gompper

* Phone Number: 858-455-3057

Fax Number: 858-455-3545

Email: ramona.gompper@gat.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-3735102

7. * TYPE OF APPLICANT:

Q: For-Profit Organization (Other than Small Business)

8. * TYPE OF APPLICATION: ☐ New☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):**9. * NAME OF FEDERAL AGENCY:**

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

National Spherical Torus Experiment Research Participation

RECEIVED**12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

San Diego, CA

OCT 11 2007

13. PROPOSED PROJECT:

* Start Date

* Ending Date

03/01/2008

02/28/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

CA-53

b. * Project

CA-53

STATE CLEARING HOUSE**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. Robert

La Haye

Position/Title: NSTX Project Manager

* Organization Name: General Atomics

Department: Energy

Division: Magnetic Fusion

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County:

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92121-1122

* Phone Number: 858-455-3134

Fax Number:

* Email: lahaye@fusion.gat.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction															
Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)																	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/11/07	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER:															
2b. APPLICATION ID: 06SP081894	4. DATE RECEIVED BY FEDERAL AGENCY: 10/11/07	FEDERAL IDENTIFIER: 06SPCA002															
5. APPLICATION INFORMATION																	
LEGAL NAME: Fresno County Economic Opportunities Commission DUNS NUMBER: 078768023		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoecoc.org															
ADDRESS (give street address, city, state, zip code and county): 1820 Mariposa Mall Suite 300 Fresno CA 93721 - 2604 County: Fresno																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941606519		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Community Action Agency/Community Action Program															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		RECEIVED OCT 11 2007 STATE CLEARING HOUSE															
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		11a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County, CA and contiguous city in Madera, CA		11b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/08		14. CONGRESSIONAL DISTRICT OF: a. Applicant <input checked="" type="checkbox"/> CA 20 b. Program <input checked="" type="checkbox"/> CA 20															
15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 12-OCT-07 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td style="text-align: right;">\$ 355,976.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 79,470.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 71,824.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 7,646.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 435,448.00</td> </tr> </table>		a. FEDERAL	\$ 355,976.00	b. APPLICANT	\$ 79,470.00	c. STATE	\$ 0.00	d. LOCAL	\$ 71,824.00	e. OTHER	\$ 7,646.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 435,448.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 355,976.00																
b. APPLICANT	\$ 79,470.00																
c. STATE	\$ 0.00																
d. LOCAL	\$ 71,824.00																
e. OTHER	\$ 7,646.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 435,448.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Roger Palomino		b. TITLE: Executive Director															
		c. TELEPHONE NUMBER: (559) 263-1010															
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/11/07															

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/11/07

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

08SF081415

4. DATE RECEIVED BY FEDERAL AGENCY:

10/11/07

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: County of Sacramento Department of Human Assistance

DUNS NUMBER: 143696339

ADDRESS (give street address, city, state, zip code and county):

2433 Marconi Avenue

Sacramento CA 95821 - 4807

County: Sacramento

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Dennis Brodsky

TELEPHONE NUMBER: (916) 875-4462

FAX NUMBER: (916) 875-3789

INTERNET E-MAIL ADDRESS: brodskyd@saccounty.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

946000529

7. TYPE OF APPLICANT:

7a. Local Government - County

7b. Local Government, Municipal

8. TYPE OF APPLICATION (Check appropriate box).

☐ NEW☒ NEW/PREVIOUS GRANTEE☐ CONTINUATION☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

RECEIVED

OCT 11 2007

STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011

10b. TITLE: Foster Grandparent Program

11a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Sacramento Foster Grandparent Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Sacramento City and County, Placer County and Yolo County

11b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 03 b.Program CA 03

15. ESTIMATED FUNDING: Year #: 1

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 15-FEB-08

☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation.☒ NO

a. FEDERAL \$ 444,379.00

b. APPLICANT \$ 82,406.00

c. STATE \$ 0.00

d. LOCAL \$ 45,598.00

e. OTHER \$ 46,808.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 636,785.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

9. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Karla Crawford

b. TITLE:

Program Manager, Volunteer Services

c. TELEPHONE NUMBER:

(916) 875-3582

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

10/03/07

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

3. DATE RECEIVED BY STATE

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
06SR082632

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Volunteer Center of Fresno

DUNS NUMBER: 165362708

ADDRESS (give street address, city, state, zip code and county):
1900 Mariposa Mall, Suite 114
Fresno CA 93721 - 2525
County: FresnoNAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Robble L. Cranch

TELEPHONE NUMBER: (559) 237-3101

FAX NUMBER: (559) 237-6860

INTERNET E-MAIL ADDRESS: rcranch@pacbell.net

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
942314672

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Volunteer Management Organization
Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).

☒ NEW☐ NEW/PREVIOUS GRANTEE☐ CONTINUATION☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION

B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP Fresno

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Fresno, Madera and Merced Counties, CA

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL \$ 93,297.00

b. APPLICANT \$ 39,987.00

c. STATE \$ 0.00

d. LOCAL \$ 39,987.00

e. OTHER \$ 0.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 133,284.00

14. CONGRESSIONAL DISTRICT OF: a. Applicant CA 20 b. Program CA 20

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 12-OCT-07

☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

b. TITLE:

c. TELEPHONE NUMBER:

359/237-3101

Donna Ueland

Volunteer Center Executive Director

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

10-12-07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/12/2007		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Rural Communities Housing Development Corporation			Organizational Unit: Department: Development		
Organizational DUNS: 034976589			Division:		
Address: Street: 499 Leslie St			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Erika		
City: Ukiah			Middle Name		
County: Mendocino			Last Name Holzhauser		
State: CA		Zip Code 95482	Suffix:		
Country: USA			Email: eholzhauser@rchdc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 1 9 8 9 4			Phone Number (give area code) (707) 463-1975 Ext 124		Fax Number (give area code) 707-463-2252
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCarty Manor Rehab		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ukiah, Mendocino County, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1 b. Project District 1		
13. PROPOSED PROJECT Start Date: 11/15/2007 Ending Date: 02/01/2008			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/09/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal USDA Rural Development \$ 150,000.00					
b. Applicant \$.00					
c. State \$.00					
d. Local \$.00					
e. Other \$.00					
f. Program Income \$.00					
g. TOTAL \$.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Duane		Middle Name	
Last Name Hill		Suffix			
b. Title Executive Director		c. Telephone Number (give area code) 707-463-1975			
d. Signature of Authorized Representative		e. Date Signed 10/09/07			

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE <small>Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction															
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:															
2b. APPLICATION ID: 08SR082632	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:															
5. APPLICATION INFORMATION																	
LEGAL NAME: Volunteer Center of Fresno DUNS NUMBER: 165362708 ADDRESS (give street address, city, state, zip code and county): 1900 Mariposa Mall, Suite 114 Fresno CA 93721 - 2525 County: Fresno		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Robbie L. Cranch TELEPHONE NUMBER: (559) 237-3101 FAX NUMBER: (559) 237-6860 INTERNET E-MAIL ADDRESS: rcranch@pacbell.net															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942314572		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Volunteer Management Organization Community-Based Organization															
8. TYPE OF APPLICATION (Check appropriate box). <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); text-align: center;"> RECEIVED OCT 15 2007 STATE CLEARING HOUSE </div>															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno, Madera and Merced Counties, CA		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP Fresno 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10		14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 20 b.Program CA 20															
15. ESTIMATED FUNDING: Year #: 1		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 12-OCT-07 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a. FEDERAL</td> <td style="width: 40%; text-align: right;">\$ 93,297.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 39,987.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 39,987.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 133,284.00</td> </tr> </table>		a. FEDERAL	\$ 93,297.00	b. APPLICANT	\$ 39,987.00	c. STATE	\$ 0.00	d. LOCAL	\$ 39,987.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 133,284.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
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g. TOTAL	\$ 133,284.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Donna Ueland		b. TITLE: Volunteer Center Executive Director															
c. TELEPHONE NUMBER: 559/237-3101		e. DATE SIGNED: 10-12-07															
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 																	